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7590

02/18/2004

MARTIN A FARBER
866 UNITED NATIONS PLAZA
SUITE 473
NEW YORK, NY 10017

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Martin A. Farber	(Depositor's name)
	(Signature)
April 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/308,314	05/13/1999	JOACHIM BANDEMER	3446US	5993

TITLE OF INVENTION: HEADLIGHT CLEANING SYSTEM OPERATING EXCLUSIVELY BY SPRAYING WITH WASHING LIQUID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRAHAM, GARY K	1744	239-284200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Martin A. Farber
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mannesmann VDO AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Frankfurt, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 6

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0105 (enclose an extra copy of this form).

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(Authorized Signature)

Martin A. Farber

(Date)

April 2, 2004

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